

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David J. Cohen M.D.**

Mailing Address 32630 Bingham Rd

City

Bingham Farms

State

MI

Zip Code

48025-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

11 / 01 / 2011

**Transaction ID : C1507779**

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

**B. Steven Cohen M.D.**

Mailing Address 8 The Hunt

City

St. James

State

NY

Zip Code

11780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUFFOLK ANESTHESIOLOGY ASSOC PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2011

**Transaction ID : C1503796**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Peter G. Coles M.D.**

Mailing Address 900 Peeler St.  
P.O. Box 4095

City

Kalamazoo

State

MI

Zip Code

49003-4095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

11 / 01 / 2011

**Transaction ID : C1507741**

Amount of Each Receipt this Period

41.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

582.00